

**Release of Information for Supporter Involvement (School Related Support)**

This disclosure of information is necessary to accomplish the statutory purposes of the Supported Decision-Making Act. The Principal under a Supported Decision-Making Agreement is requesting the disclosure of educational information pursuant to 740 ILCS 110/5, 105 ILCS 10/5 and 10/6 and 34 C.F.R 99.30.

I, \_\_\_\_\_  
(Name of Principal in a Supported Decision- Making Agreement which should accompany this release),

**Authorize:**

\_\_\_\_\_  
(Name of School District or Special Education Program to release information)

**To Release Information To:**

\_\_\_\_\_  
(Name of Supporter in a Supported Decision-Making Agreement)

**For the purpose of carrying out Supporter duties under a Supported Decision-Making Agreement. List the types of information to be released to the Supporter (such as academic records, evaluations, psychological testing, IEPs):**

\_\_\_\_\_  
I understand that I may revoke this consent at any time and that the above-named person authorized to receive this information has the right to limit, consent, inspect, copy and challenge information in the records to be disclosed. It has been explained to me that if I refuse to consent to this release of information, the supporter will not receive information about my education.

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Signature of Principal/Student age 18 or over)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**NOTICE TO RECEIVING AGENCY/PERSON:** Under the provisions of the Illinois Mental Health and Developmental Disabilities Act, you may not redisclose any information unless the person who consented to this disclosure specifically consents to such redisclosure.

Under the Federal Act of July 1, 1975, Confidentiality of Alcohol and Drug Abuse Patient Records, no such records, nor information from such records may be further disclosed without specific authorization for such redisclosure.

GAC 7/21



